DOCUMENT RESUME

ED 382 887 CG 025 859

AUTHOR Berendt, Elizabeth Ann
TITLE Descriptive Links between Childhood Sexual Abuse during the First Five Eriksonian Stages and the Development of the Last Four Stages: A Review of the Literature.
PUB DATE May 94
NOTE 81p.; Doctoral Research Paper, Biola University.
PUB TYPE Dissertations/Theses - Undetermined (040)

EDRS PRICE MF01/PC04 Plus Postage.
DESCRIPTORS *Adults; *Child Abuse; Children; *Developmental Stages; Intimacy; Personality Development; *Self Actualization; Sex Role; *Sexual Abuse; *Sexual Identity; Sexuality
IDENTIFIERS *Erikson (Erik)

ABSTRACT

The empirical literature regarding the descriptive links between childhood sexual abuse and adult development is reviewed from an Eriksonian perspective. The problems with studying the developmental effects of childhood sexual abuse are discussed. These include the following problems: the lack of differentiation between sexual abuse cases, difficulties with the samples, problems with data collection, the manner in which the effects were measured, and limitations of the research designs. The hypothesized descriptive links between childhood sexual abuse and later development begin with the tendency to struggle with role confusion difficulties. Sexually abused people are also likely to have more conflicts around intimacy issues in comparison to non-abused people. Furthermore, the sexually abused person appears to struggle with generativity difficulties more than the non-abused person. Lastly, sexually abused individuals may tend to lean toward despair in comparison to the non-abused individuals. Further research that takes into account the various ages in which the sexual abuse occurred and the possible links that may occur with different developmental stages is suggested. (Contains 37 references.) (Author)

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DESCRIPTIVE LINKS BETWEEN CHILDHOOD SEXUAL ABUSE DURING THE FIRST FIVE ERIKSONIAN STAGES AND THE DEVELOPMENT OF THE LAST FOUR STAGES: A REVIEW OF THE LITERATURE

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A Doctoral Research Paper

Presented to

the Faculty of Rosemead School of Psychology

Biola University

In Partial Fulfillment

of the Requirements for the Degree

Doctor of Psychology

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by

Elizabeth Ann Berendt

May, 1994

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tend to lean toward despair in comparison to the non-abused individuals. Further research that takes into account the various ages in which the sexual abuse occurred and the possible links that may occur with different developmental stages is suggested.

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DESCRIPTIVE LINKS BETWEEN CHILDHOOD SEXUAL ABUSE DURING THE FIRST FIVE ERIKSONIAN STAGES AND THE DEVELOPMENT OF THE LAST FOUR STAGES: A REVIEW OF THE LITERATURE

Introduction

Recently, a great deal of emphasis has been placed on the issue of childhood sexual abuse. Within the last several years there has been an increasing amount of research done on the long-term effects of childhood sexual abuse. However, little research has been done on how sexual abuse occurring at various developmental stages affects later personality development. Therefore, 18 empirical studies are here reviewed in an attempt to identify problems and issues in the study of the developmental effects of childhood sexual abuse. The descriptive links between childhood sexual abuse during the first five Eriksonian stages on the development of the last four Eriksonian stages are explored.

Erikson (1963) perceived development as proceeding along a zigzag course from phase to phase. He believed that human beings encounter eight major conflicts throughout life. He described each phase as having its own developmental theme, its relationship to the previous

and subsequent phases, and its part in the total picture of development. He hypothesized within each developmental phase two opposing forces with which the individual must struggle to achieve a resolution. Erikson believed that the individual is pushed by social demands and physiological maturation into the next stage, regardless of whether or not the conflict of a particular stage has been resolved. He also believed that later conflicts would be mastered with greater success if earlier conflicts had been satisfactorily resolved (Erikson, 1963). Therefore, an individual's decisions in one stage affect all of the later stages.

The two opposing forces in Erikson's first stage, generally occurring during the first year of life, are trust versus mistrust. The second stage deals with the dilemma of autonomy versus shame and doubt, usually occurring between 1 and 3 years of age. Stage 3 involves the task of initiative versus guilt and occurs around the ages of 3 to 5. Next, during the school age years, from approximately 5 to 12, the child struggles with the forces of industry versus inferiority. For adolescence, Erikson identified the developmental task as resolving the conflicts of identity versus role confusion. Further, upon entering young adulthood, the individual struggles between the forces of intimacy versus isolation. Next,

the middle adult's crisis is to resolve the pull of generativity versus stagnation. Lastly, as the individual enters late adulthood, he or she is faced with the developmental task of finding a resolution between the forces of ego integrity and despair (Maier, 1969).

This review of the literature is selective in that it only deals with empirical research concerned with the long-range outcomes of childhood sexual abuse occuring between the ages of 0 and 18 years of age, this span covering Erikson's first five developmental stages. First, the methodological problems in studying long-range effects are explored. This section is followed by a review and analysis of the literature.

Problems of the Research

A large proportion of the research in the area of the developmental effects of childhood sexual abuse consists of summarized case reports. These reports have been useful in building a foundation for empirical research. However, without controlled measurement or comparison with non-abused and/or physically abused individuals, the reports failed to demonstrate with any certainty the descriptive links between childhood sexual abuse and personality development. Thus, for practical reasons, this literature review only draws upon empirical research

concerned with the long-term effects of childhood sexual abuse.

The following areas will be addressed: the lack of differentiation between sexual abuse cases, the problems with sample selection and data collection, how the effects are measured, and limitations in the analysis and designs. It is important to point out that the phrase long-term effects is not used in the title of this literature review due to its connotation of causality. A causal relationship between a history of childhood sexual abuse and the proposed long-term effects has yet to be proven by the empirical research in this field (Cahill, Llewelyn, & Pearson, 1991). Therefore, the term descriptive links is used instead (Burgess, Hartman, & McCormack, 1987). Despite its connotation of causality, long-term effects will be used at times for reasons of practicality.

Definition and Differentiation

There exists a problem with providing a conceptually adequate, reliable definition of what constitutes childhood sexual abuse (Gorcey, Santiago, & Perez, 1986). Researchers have neglected to use a universally established definition. There are several articles that did not give a formal definition of childhood sexual abuse (Burgess et al., 1987; Conte & Schuerman, 1987; DiPietro, 1987; Tong, Oates, & McDowell, 1987; Westen, Ludolph,

Block, Wixom, & Wiss, 1990). Most of these articles stated that the children were assessed as having been sexually abused, yet they failed to report the assessment criteria.

Some researchers used Finkelhor's definition of abuse in their empirical research studies. Finkelhor (1979) and Fromuth (1986) defined child sexual abuse as any sexual experience with another person occurring at age 15 or younger, with the perpetrator being at least 5 years older and a minimum age of 16. Sexual experiences included both contact (e.g., sexual touching through intercourse) and non-contact experiences (e.g., exhibition, observing sexual acts). Greenwald, Leitenberg, Cado, and Tarran (1990) defined childhood sexual abuse in this manner in their study.

Several other studies in this review also defined childhood sexual abuse as consisting of both sexual contact and non-contact experiences (Finkelhor, 1984; Fromuth & Burkhart, 1989; Miller, Downs, Gondoli, & Keil, 1987; Wyatt, Guthrie, & Notgrass, 1992). However, each one of these studies had a different age classification for the perpetrator in order to be considered abuse. For instance, Wyatt et al. (1992) defined abuse as occurring prior to 18 years of age, by someone of any age or relationship to the subject. In contrast, Fromuth and

Burkhart (1989) stated that if the individual was 12 years or younger at the time of the abuse, the older partner had to be at least 16 years old and at least 5 years older than the person. And, if the individual was 13-15 years old at the time of the abuse, the partner had to be at least 10 years older than the individual. Therefore, even within the research that defined sexual abuse as consisting of both non-contact and contact sexual experiences, a consistent definition was not found.

A third definition category is also based on Finkelhor's definition, in which sexual abuse was defined as sexual contact (i.e., touching through intercourse) between a girl under 15 years of age and an individual at least 5 years older (Peters, Wyatt, & Finkelhor, 1986). This definition falls on the conservative side of the continuum, and does not include sexual assault by a same-age peer, abuse during later adolescence, exposure to exhibitionists, or sexual propositions. Briere and Runtz (1987, 1988) defined childhood sexual abuse by the above definition in their empirical research. Burnam et al. (1988) also subscribed to the above definition of child sexual abuse.

There were also varying definitions of contact sexual abuse among the research articles. For instance, Wyatt and Newcomb (1990) used the Finkelhor inventory definition

in their study with the exception that the child was less than 18 years of age when the abuse occurred. Hunter (1991) also defined child sexual abuse by the above standards, except he indicated that there need only be a 3 year difference between the perpetrator and child to be considered abuse. In contrast, Edwards and Donaldson (1989) stated that there had to be a family member involved in order to be defined as sexual abuse in their study. Lastly, two of the studies did not qualify the definition of sexual abuse in their methodology (Conte & Berliner, 1988; Gorcey et al., 1986).

Many of the studies also failed to delineate the relationship of the perpetrator to the victim. For instance, Greenwald et al. (1990) found only 10% of the childhood sexual abuse incidents involved father-daughter incest, and the sample size was limited. Thus the victims were grouped together with no differentiation as to whether the perpetrator was the father, a relative, or an unrelated family member. Gorcey et al. (1986) specified that in 59% of the sexual abuse incidents, the offender was the biological or adopted father. Furthermore, they stated that in 15% of the cases the offender was a male sibling. However, they failed to discuss how the various degrees of relationships interacted with the dependent measures.

Furthermore, the frequency of abuse was not controlled for in a large number of the studies (Briere & Runtz, 1987; Burnam et al., 1988; DiPietro, 1987; Fromuth & Burkhart, 1989; Gorcey et al., 1986; Greenwald et al., 1990; Tong et al., 1987; Wyatt et al., 1992). Often, the victims were grouped together due to the limited sample size (Greenwald et al., 1990). It is probable that this process obscured differences between the frequently abused and non-abused groups that may have otherwise been observed.

The research also varied on the manner in which gender was controlled for in the various studies. The subjects included to measure the descriptive links to childhood sexual abuse were either all female victims or a majority of female in comparison to male victims. Friedrich, Beilke, and Urquiza (1987) suggested that, due to the greater number of girls, the presenting complaints were more likely to be internalizing in nature. They defined internalizing behavior as consisting of somatic complaints, anxious/obsessive behaviors, and depressed/withdrawn behaviors. Externalizing behaviors included hyperactivity, delinquency, and/or aggressiveness. Of the studies in this literature review, 10 included only girls or women. About the same number (9) consisted of both male and female childhood sexual

abuse survivors. However, the female subjects outnumbered the male subjects in each of these studies. Only one empirical study focused solely on male victims (Fromuth & Burkhart, 1989).

Because few studies have focused on male victims, little is known about how sexual abuse may differentially affect boys as opposed to girls. Hunter (1991) observed that boys appeared to be more reluctant to report abuse than girls due to cultural biases and negative connotations associated with homosexuality. Furthermore, Fromuth and Burkhart (1989) suggested that measures which are appropriate for female victims might not be sensitive measures for male victims. For example, they stated that victimized boys may tend to display more externalizing symptoms such as anger and aggression; while girls may display more internalizing symptoms such as depression.

Duration of the abuse was often not considered with regard to the later possible effects of childhood sexual abuse. Of the studies reviewed, 10 did not take the varying time periods of abuse for each subject into account while measuring outcomes of childhood sexual abuse. Thus, there was no differentiation between a subject who had been abused for 10 years and a subject who was abused one time. Any differential effects that may be

involved in these varying durations of time thus are not apparent.

Another difficulty that exists with the studies reviewed here is that there was no differentiation between the age groups when the effects of childhood sexual abuse were measured. For instance, those individuals who were abused at the age of 2 years were combined with those subjects who were abused at the age of 12 years. Therefore, it is difficult to speculate whether or not there are links between various developmental stages and later differential aspects of personality development. It is likely that those individuals abused at an early developmental age or phase might have different developmental outcomes in comparison to those individuals abused at a later childhood developmental age or phase.

In some of the studies there was a lack of specific data with regard to the length of time between the experience itself and the measures of the descriptive links (e.g., Briere & Runtz,1987, 1988; Burnam et al., 1988). Other researchers were more specific with regard to the time span between experiences and the study (Burgess et al., 1987; Conte & Berliner, 1988; Finkelor, 1984; Wyatt et al., 1992; Wyatt & Newcomb, 1990). Therefore, there may be discrepancies with regard to the amount or substance of the material individuals are able

to remember about their childhood sexual abuse experiences.

Overall, there was a lack of differentiation between sexual abuse cases in the following areas: the degree of abuse, the relationship of the perpetrator to the victim, the gender of the victim, the duration of the abuse, and the age of the victim. It is probable that each of these factors prospectively affect the consequences of sexual abuse in a different manner. Therefore, the above factors need to be taken into consideration as the literature is reviewed.

Samples

One of the difficulties with the samples in the current research on the long-term effects of childhood sexual abuse has to do with the lack of control groups. It is likely that the lack of comparison group research significantly affects the understanding of the consequences of abuse (Friedrich et al., 1987). Three of the empirical studies in this literature review did not include a control group (Conte & Berliner, 1988; Edwards & Donaldson, 1989; Wyatt & Newcomb, 1990). Furthermore, Finkelhor (1984) stated that conclusions drawn from purely clinical samples are often misleading. For instance, it is possible that these may have been skewed samples not representative of the vast majority of children who have

had sexual contact with adults. Therefore, Finkelhor encouraged the study of nonclinical cases. Furthermore, he suggested studies that compare victimized and non-victimized children. Finkelhor believed that such changes would help to answer whether and where there exist any long-term effects of sexual abuse.

Several of the sample sizes were less than 60 subjects (Hunter, 1991; Tong et al., 1987; Westen et al., 1990). For instance, Westen et al. (1990) had a sample of 36 female adolescent inpatients (Westen et al., 1990). It is difficult to make generalizations to the population with regard to the possible effects of child sexual abuse with limited sample sizes. Greater sample sizes would be helpful in drawing more accurate conclusions with regard to the descriptive links between childhood sexual abuse and possible developmental consequences, especially with regard to the general population. However, large samples may be difficult to recruit due to the shame and self-esteem problems usually inherent in childhood sexual abuse experiences.

The method by which the sample is selected is another important point to consider. Random sampling was involved in three of the studies (Burnam et al., 1988; Wyatt et al., 1992; Wyatt & Newcomb, 1990). In two of the studies, subjects were located by random-digit dialing of

telephones (Wyatt et al., 1992; Wyatt et al., 1992). Of the 1,348 household identified within which a woman resided, 266 of the women refused participation. The first 248 eligible women who did participate were selected and completed the interview for the study. There were no differences between the 248 subjects and the women who either refused or did not participate in the study on education, marital status, or the presence of children. Therefore, it is highly probable that these studies are externally valid (Wyatt & Newcomb, 1990; Wyatt et al., 1992).

The third study involved a random selection of adults in the Los Angeles area (Burnam et al., 1988). Burnam et al. selected their sample using a multistage area probability sampling design. The first-stage sampling units consisted of census blocks (sometimes aggregated or disaggregated to maintain a uniform size across units). Second stage sampling units were made up of households. Overall, 3,132 adults in the household sample completed the initial interview. The overall completion rate was 68%, and this was made up of 40% Mexican Americans, 6% Hispanics of other cultures, 42% non-Hispanic whites, and 13% other ethnic and racial backgrounds. Women made up 53% of the sample. This study is likely to be externally valid for the Los Angeles population. However, the sample

may be over-representative of the Hispanic population with regard to generalization to the Unites States population.

Several of the studies have relied on college student samples. Three of the empirical studies involved in this literature review consisted of college student samples (Briere & Runtz, 1988; Finkelhor, 1984; Fromuth & Burkhart, 1989). The difficulty with college samples is that they are usually not representative of the general population with regard to socioeconomic status (SES) and educational level. Secondly, college students may be too young a sample on which to determine possible long-term effects. For example, Greenwald et al. (1990) reasoned that many of the students have not had the opportunity to take part in sustained adult sexual relationships. Thus, an accurate assessment of sexual functioning and sexual relationships may not be possible.

However, on the other hand, college samples may represent a relatively elite population within the general population of the United States (e.g., SES, personality functioning, family functioning, intelligence). Therefore, college samples may be a group for whom confounding variables mitigate against pathology. Thus, it is possible that effects in this group can be interpreted as under-reported phenomena relative to the U.S. population.

Nine of the studies involved clinical samples (Briere & Runtz, 1988; Burgess et al., 1987; Conte & Schuerman, 1987; DiPietro, 1987; Edwards & Donaldson, 1989; Miller et al., 1987; Tong et al., 1987; Westen et al., 1990). One of the difficulties with clinical samples is that they represent a relatively small minority of survivors of childhood sexual abuse. Often times, the childhood sexual abuse victims who seek therapy as adults tend to report more psychological problems than those who do not seek treatment (Greenwald et al., 1990).

Many other childhood factors besides sexual abuse might be related to effects found in the studies that solely rely on clinical samples. For instance, such factors as socioeconomic status at the time of the abuse, the degree of parental psychopathology, and subsequent school and social success may be involved. Greenwald et al. (1990) suggested that family dysfunction and lack of parental emotional support during childhood rather than sexual abuse per se accounted for the differences in outcome between sexually abused and non-abused samples. Briere and Runtz (1988) also stated that it was not clear if the symptoms in adulthood were caused by childhood sexual abuse, or whether both were a function of some third variable.

Three of the studies reported samples that consisted of volunteer subjects (Conte & Schuerman, 1987; Gorcey et al., 1986; Hunter, 1991). It is probable that individuals who volunteer have different personality characteristics or life experiences than those who do not volunteer. Hypothetically, individuals who volunteer for a study may have more self-confidence and an increased ability to express themselves due to previous therapy or other positive life events. These are only several of the hypothetical variables that may be involved in a volunteer sample.

One of the studies had a sample that was made up entirely of nurses in Northern New England (Greenwald et al., 1990). It may be difficult to tease out whether or not the symptoms in adulthood were caused by childhood sexual abuse, or whether the symptoms were due to the stress, trauma, or another variable that one may be exposed to as a nurse.

The clinical, college, volunteer, and nurse samples involved non-random sampling. Non-random sampling poses a threat to external validity. However, random sampling is also difficult to achieve due to the inability of many childhood sexual abuse survivors to disclose their experiences because of fear, repression, shame, or low

self-esteem. Therefore, researchers are also to be commended for finding as many subjects as they did.

Lastly, ethnic groups did not appear to be appropriately controlled for in most of the studies included in this literature review. It is difficult to generalize to an ethnically diverse population from a small sample that mainly consists of caucasian women. It is likely that caucasian women may vary from other ethnic populations with regard to differences in family values, education experiences, and SES.

Procedures

Collecting data and understanding the negative outcomes of childhood sexual abuse are also complicated by the fact that victims often repress such experiences. Further, when individuals do recall memories, there is a great deal of room for subjective mistakes in correctly recalling the actual experience. Furthermore, few longitudinal studies have followed children long enough to observe the effects of abuse 5, 10, 20 years after the sexual abuse incident(s) occurred. Therefore, the vast majority of research has relied on adult survivors' recollection of their own victimization as children (Wyatt & Newcomb, 1990), making it difficult to accurately assess the descriptive links to childhood sexual abuse. Secondly, more comparative data between abused and non-

abused children would be helpful in attempting to understand what the differences between abused and non-abused children may be.

Another area that will be explored is that of measurement. One of the difficulties with the measures in the studies has to do with the fact that assessing child abuse effects is a relatively new area of study. It was not clear what measures would most accurately assess the effects of abuse on children when research projects were designed several years ago. In some of the empirical studies, test measures were selected in which there was no knowledge as to whether assessment results would be affected in a direct and obvious manner by the experience of being sexually abused.

For instance, the results of DiPietro's (1987) study showed that victims of intrafamilial child sexual abuse were not descriptively different from non-victim control groups on a number of personality and attitudinal variables: adjustment, locus of control, self-concept, and neuroticism. Possibly these are areas that are not directly affected by childhood sexual abuse. It would be helpful to know more about the patterns of behavior among various groups of traumatized or stressed children to understand the differential effects of various types of childhood traumas.

The Child Behavior Profile used in the study conducted by Conte and Berliner (1988) also had such limitations. The statistically created factors did not appear to be useful in describing the differences between abused and non-abused children. It is questionable as to how useful these broad descriptors are in measuring the possible links to childhood sexual abuse. However, the researchers are to be commended for attempting to use standard instruments such as the Minnesota Multiphasic Personality Inventory (MMPI; Hathaway & McKinley, 1943), since psychometrics to assess the effects of childhood sexual abuse have not been available.

Several of the studies in this literature review did not appear to use objectively scored dependent measures relevant to the problem areas involved with childhood sexual abuse (Fromuth & Burkhart, 1989; Hunter, 1991). Fromuth and Burkart (1989) used the Hopkins Symptom Checklist (SCL-90). The SCL-90 (Derogatis, Lipman, & Covi, 1973) is a 90-item self-report checklist that consists of the following scales: somatization, obsessive-compulsive, interpersonal sensitivity , depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism. Measures of psychopathology, however, do not appear to help describe the behavior or functioning of abused children. In contrast, Conte and

Berliner (1988) found both with their pretest and the Tufts New England Medical Center study (Gomes-Schwartz, Harowitz, & Sauzier, 1985) that scores of the abused children did not fit with the scores for non-abused children and samples of children in psychiatric care. This study was an important and necessary step in the area of childhood sexual abuse research, demonstrating the fact that measures for childhood sexual abuse are needed.

Hunter (1991) used the MMPI as a measure in his study. The MMPI was originally created to assist psychologists in arriving at appropriate psychodiagnostic evaluations. Furthermore, the criterion groups for the MMPI consisted primarily of patients and relatives and visitors of patients at the University of Minnesota Hospitals (Graham, 1987). Thus, there were not any specific criterion groups for abused and non-abused subjects.

The development of outcome instruments that are specifically related to the possible effects of childhood sexual abuse needs further attention. It is difficult to discuss the possible links to sexual abuse when the measures that are given to the subjects do not assess factors involved in childhood sexual abuse. In the future development of assessment materials, it would be helpful to see additional criterion groups that include abused and

non-abused individuals to attempt to measure possible outcome effects of childhood sexual abuse.

Design

Another limitation that is seen in the empirical research has to do with the limitations of the retrospective approach in assessing the outcome effects of childhood sexual abuse. The current designs appear to be weak in estimating the true effects of childhood sexual abuse on the incidence of symptoms and/or disorders; or of symptoms and disorders on the incidence of childhood sexual abuse. It is unreasonable to attempt to assess symptoms among individuals before and after childhood sexual abuse. Thus, it is difficult to tease out whether childhood sexual abuse or an independent predisposition toward psychological difficulties is the cause of the later adulthood symptoms. Unfortunately, few data can be collected prior to childhood sexual abuse experiences to determine pre-abuse levels of functioning.

It is important that extreme caution is exercised in claiming causal relationships between childhood sexual experiences and adult functioning. Often terms such as consequences and effects are used in the studies. These terms of causal inference are often inappropriate due to the retrospective and/or correlational nature of many of the studies. For instance, there have been many reports

that the social system's handling of incidents regarding sexual abuse of children caused as much or possibly more harm than the sexual abuse experience (DeFrancis, 1969; Justice & Justice, 1979; Mann & Gaynor, 1980; Schultz, 1973; Summit & Kryso, 1978). The effects or consequences that were attributed to the sexual abuse experiences may have been caused by the way the experience was handled by the social system or by various other factors. For instance, the effects or consequences may also be due to the negative reactions of family members.

Summary

Due to the fact that there is a great deal of variation in the methodologies, the definitions, and the findings, it is difficult to assess which classifications of childhood sexual abuse issues affect aspects of adult survivors' overall psychological and sexual adjustment. First, there is a lack of differentiation between the sexual abuse cases in that there is no differentiation between the degree of abuse among the victims, there is no differentiation between the relationship of the perpetrators to the victims (e.g., father, family member, stranger), no distinction regarding the duration of the abuse is made, and the preponderance of women in the samples shadows possible gender-specific variables.

a specific Eriksonian childhood or adolescent stage and the development of the individual during the last four Eriksonian stages. Therefore, the literature will be explored by looking at the subjects who were sexually abused prior to the age of 18 years (Eriksonian stages 1-5), and the possible consequences of this abuse on later development. For the sake of clarification, the approximate ages and corresponding Eriksonian stages that will be used in this review are described in Table 1.

Table 1

Eriksonian Stages Associated with Age Ranges*

Age in Years	Stage
0 - 1	Trust vs. Mistrust
1 - 3	Autonomy vs. Shame
3 - 5	Initiative vs. Guilt
5 - 12	Industry vs. Inferiority
12 - 18	Identity vs. Role Confusion
18 - 34	Intimacy vs. Isolation
34 - 64	Generativity vs. Stagnation
64 +	Integrity vs. Despair

*synopsized from Erikson (1963)

Second, difficulties exist with many of the samples in one or more of the following areas: lack of control groups, no differentiation among age groups, small sample size, emphasis on clinical or college populations, other factors besides sexual abuse related to long-term functioning, and the lack of controls for various ethnic groups. Third, there were problems with how the effects were measured. Fourth, some of the measures used in the studies did not accurately measure how the effects of childhood sexual abuse differed from non-abused individuals. Lastly, the retrospective problems that occurred with the current designs were discussed.

However, it is also important to realize that non-random and large sample sizes are difficult to obtain with a sexually abused population. This may be due to childhood sexual abuse survivors' inability to recall or disclose their experiences. Research in the area of childhood sexual abuse is also relatively new. Thus, it is also difficult to find appropriate psychometric materials to evaluate the effects of childhood sexual abuse.

Adolescent and Adulthood Development

As explained above, current research is not specific as to the relationship between abuse that occurred during

Due to the fact that researchers did not delineate the age of abuse, Erikson's first 4 stages will be combined into a childhood category. Erikson's fifth stage will be identified as an adolescent category. And, Erikson's last 3 stages will be considered as being a part of the adult category.

The disruption that abuse might pose to stage related developmental tasks vary, therefore the impact of childhood abuse may differ from stage to stage. Furthermore, the interruption of tasks at earlier stages may adversely affect the successful completion of tasks at later stages, which could result in the increasing impact of the abuse over time (Downs, 1993). This literature review attempts to propose possible relationships that may exist between sexual abuse that occurred at a childhood or adolescent stage of development and the impact this may have on adolescent and adult stage issues, from an Eriksonian perspective. The current research will be reviewed to look for long-term effects that are consistent with Erikson's developmental theory by exploring the relationship between sexual abuse that occurred during childhood and adolescent stages, with each of the last four Eriksonian stages.

Identity Versus Role Confusion

During Erikson's (1963) fifth stage of identity versus role confusion, adolescents begin to ask questions about who they are as individuals. The major task at this stage is to establish a social and vocational identity. The adolescent who fails to acquire a strong sense of identity may have difficulty deciding on career goals, coming to terms with his or her sexuality, developing a set of values, and figuring out who he or she is in general (Erikson, 1963).

Maier (1969) described Erikson's concept of identity as involving a mastery of the problems of childhood and a readiness to face the challenges of the adult world as a potential equal. At one end of the continuum, there is a striving toward an integration of one's inner and outer world. At the opposite end of the continuum, there is diffusion which leads to a sense of instability in the middle of a vast number of inner and outer demands. At this point in development, the adolescent appears to be attempting to integrate all previous identifications.

Therefore, it is possible that childhood sexual abuse during Erikson's first five stages would have a significant effect on one or more of the aspects related with role identity. Research has identified relationships between childhood sexual abuse and the

following areas: sense of self, sexuality, social relationships, cognitive dysfunctions, emotional disorders, and physiological reactions. In this section, each of these areas will be explored separately. Lastly, it is important to note that all of the studies included in this section involved adolescent subjects.

Sense of identity. Westen et al. (1990) assessed the object relations of 36 girls aged 14 to 18 years, 12 of whom had been sexually abused, by administering the Thematic Apperception Test (TAT). Despite the small sample size of sexually abused adolescents, a significant correlation ($r = .70$, $p < .01$) emerged between the duration of sexual abuse (measured in months) and the individual's difficulty differentiating self from others.

The poorly differentiated responses suggested that role diffusion existed for these sexually abused adolescents. Despite the fact that only one study directly addressed the sense of identity issue, it is possible that many adolescents who were abused as children may have difficulties with regard to developing a sense of identity and deciding on future life goals.

Sexuality and social relationships. Three studies found descriptive links between sexuality and childhood sexual abuse during Erikson's first five stages. First, Briere and Runtz (1987) studied the incidence and long-

term effects of childhood sexual abuse in a clinical sample of 152 adolescent and adult women (14 - 54 yrs. old), 67 of whom had a history of sexual abuse. The long-term effects of childhood sexual abuse were assessed with the measures of the Crisis Symptom Checklist and specific questions that examined psychosocial problems. Results indicated that sexual abuse victims were more likely than non-abused clients to report having sexual problems ($p < .0001$). The results are limited due to the fact that the symptoms were self-reported, and thus prone to distortion.

Second, Burgess et al. (1987) interviewed 34 adolescents and adults, aged 14 to 20 years, six to eight years after sexual abuse had occurred and compared them with 34 non-abused individuals. Psychosocial functioning was assessed by the following measures: a semi-structured interview, a family interview, the Piers-Harris Children's Self-Concept Scale, the Moos Family Environment Scale, beliefs about sexual abuse and exploitation, a life events scale, the Impact of Event Scale, a coping checklist, a behavior checklist, a delinquent behavior checklist, and the subject's sexual behavior status. Results suggested that abused individuals displayed more confused feelings about sex, compulsive masturbation, and prostitution

($p < .01$) than non-abused individuals. However, it is not possible to suggest a causal link between childhood sexual abuse and social deviance due to the small sample sizes and the complexity of the lives of these adolescents and adults.

Third, Tong et al. (1987) matched 37 girls and 12 boys who had been sexually abused an average of 2.6 years earlier, with non-abused children. The mean age at the time of abuse was 8.9 years (range of 3-16 years). The non-offending parent participated in a structured interview, and the children were assessed through the use of the Piers-Harris Self-Concept Scale and the Achenbach Behavior Checklist. Results indicated that the non-offending parents of the sexually abused children reported increased sexual awareness in 24% ($n = 11$) of the subjects. The results are limited by the wide discrepancy between the reports by parents, teachers, and the children themselves.

Overall, the studies suggested that adolescents who were sexually abused during Erikson's first five stages struggled more than non-abused adolescents with sexual problems, confused feelings about sex, increased sexual awareness, and prostitution. Due to these conflicts, an adolescent may experience feelings of guilt and/or shame with regard to sexuality. Thus, he or she may attempt to

split off any sexual feelings and not integrate them into identity development. The adolescent may also experience a great deal of confusion with regard to appropriate sexual boundaries. These factors are likely to take a large toll on an adolescent's sense of identity.

Edwards and Donaldson (1989) reported that women who had been sexually abused reported less satisfaction in intimate relationships than those who had not been abused. Tong et al. (1987) stated similar findings in that 30% of the sexually abused subjects had fewer friends following the abuse. Edwards and Donaldson (1989) also found a significant correlation ($p < .05$) between childhood sexual abuse and the guilt and shame factor of the Responses to Childhood Incest Questionnaire (RCIQ), which was composed of five items pertaining to feeling guilty that one had not told someone sooner, and blaming oneself for the incest. Furthermore, they reported a correlation with the RCIQ sadness and loss factor ($p < .05$) which was composed of four items pertaining to feeling sad at the thought of the incest and about the fact that one's family life was not what one wanted it to be, difficulty trusting men, and a fear of losing one's identity if one got close in a relationship.

Relationships with friends, family, teachers, and others greatly influence one's sense of identity. The

transition from childhood to adulthood is a difficult passage in which one needs to experiment with trying out different roles in various relationships to find the role that best fits one's self. When interpersonal difficulties arise and the adolescent does not feel secure with others, it may become increasingly difficult for this adolescent to test out roles and find a solid identity.

Cognitive dysfunctions. Briere and Runtz (1988) studied 278 university women (17 - 40 yrs. old) of whom 41 reported a history of childhood sexual abuse. The long-term effects of childhood sexual abuse in a non-clinical sample of adult women were measured by a modified version of the Hopkins Symptom Checklist. The results indicated that the sexually abused women in the sample reported higher levels of dissociation than did the non-abused women ($p < .03$). Results may be limited due to the possibility that university samples may include a disportionate number of highly functioning individuals relative to the general population.

Furthermore, Briere and Runtz (1987) also reported that former sexual abuse victims were significantly more likely than non-abused clients to report a variety of dissociative experiences. The Diagnostic and Statistic Manual of Mental Disorders, Third Edition, Revised (DSM-III-R, American Psychiatric Association [APA], 1987)

stated that an essential feature of a dissociative disorder is a "disturbance or alteration in the normally integrative functions of identity" (p. 269). Therefore, it is highly likely that adolescents experiencing disturbances with regard to dissociation may experience difficulties in coming to grips with a firm sense of identity.

Edwards and Donaldson (1989) studied a clinical population of 104 adult women between the ages of 17 and 54 years. Symptoms reported by childhood and/or adolescent incest survivors were measured by the use of the Response to Childhood Incest Questionnaire. The results of the study found four factors that accounted for a substantial proportion of the total variance when a factor analysis was performed on the last 17 items of the RCIQ with respect to the DSM-III (American Psychological Association [APA], 1980) symptoms of Post-traumatic Stress Disorder (PTSD).

The first factor, called the intrusive thoughts factor, was composed of five items that pertained to the experience of intrusive thoughts about the incest in numerous situations (e.g., at work, with men, in sexual situations). The second factor was known as the intrusive behaviors and emotions factor. It was made up of five items related to experiencing strong emotional reactions

to people or places that remind one of the incest, along with active avoidance of such situations. The third factor was identified as the detachment factor and consisted of three items pertaining to experiencing difficulty in expressing emotions and being unable to experience any feeling about the incest because these feelings were buried. Lastly, the fourth factor was called the emotional control and numbness factor and was composed of four items related to feeling numb inside, having others such as family and friends tell one they are "in control," and feeling detached from others. Further study is needed with broader samples of victims (e.g., male victims, non-treated victims) to replicate and validate the identified factor structure.

Conte and Schuerman (1987) collected data from 369 sexually abused children and adolescents (4 - 17 yrs.), and a community comparison sample of 318 non-abused children and adolescents. The behavior of these children and adolescents was measured by the 38 item Symptom Checklist completed by the social worker of the abused victims, and a parent-completed 110 item Child Behavior Profile was obtained from the non-offending parent. Results of the study indicated that abused and non-abused children and adolescents appear behaviorally different on a set of factors and clinical dimensions constructed from

the parent-completed measure. The research reported significant findings for PTSD among the sexually abused subjects. This conclusion was based on reports such as the following: can't fall asleep, moods change quickly, or has panic or anxiety attacks.

In conclusion, the studies implied that adolescents who were sexually abused during Erikson's first five stages may have difficulties with PTSD which may involve factors such as intrusive thoughts, intrusive behavior and emotions, detachment, and emotional control and numbness. These symptoms most likely contribute to difficulties as the adolescent is struggling to find his or her place in the world. Therefore, it is highly probable that the adolescent may tend to lean on the role diffusion side of the continuum.

Emotional disorders. It is also difficult for an adolescent to form a sense of identity when he or she feels poorly about who he or she is as an individual. Several of the studies indicated that subjects may have learned to deal with their painful childhood experiences through methods such as depression, body image problems, and/or low self-esteem. Three studies found that there was a significant correlation between sexual abuse incidents that occurred during childhood and/or adolescence and later depression. Briere and Runtz (1988)

found that sexually abused women reported higher levels of depression than did non-abused women ($p < .04$).

Using the data collected by Conte and Schuerman (1987), Conte and Berliner (1988) found a significant alpha correlation of .80 between childhood sexual abuse and low self-esteem (e.g., feels inferior, self-critical). Furthermore, Tong et al. (1987) found that the subjects who were sexually abused during childhood had significantly lower self-esteem than the control group ($p < .001$). In addition, Conte and Schuerman (1987) reported a significantly higher correlation between sexual abuse and later body image and self-esteem problems in sexually abused adolescent subjects in comparison to the non-abused control group.

DiPietro (1987) compared 15 female adolescent victims of childhood and adolescent sexual abuse with 15 non-abused sisters and with 15 matched non-victim control subject sister sets, all of whom were between the ages of 11 and 21 years. Personality adjustment and attitudes were assessed by the following measures: Eysenck Personality Inventory, Bell Adjustment Inventory-Revised, the Internal-External Scale, the Tennesse Self-Concept Scale, and the Victim and Victim Sister History Questionnaire. No differences among the four groups were evident in the results of a multivariate analysis of

variance. However, it is important to note that the test measures that were used were not likely to be affected in a direct and obvious manner by the experience of being sexually abused or of being raised in a family in which sexual abuse occurred.

Despite the fact that DiPietro (1987) did not find any significant differences between sexually abused and non-abused adolescents, several studies reviewed above indicated that subjects may have learned to deal with their painful childhood experiences through methods such as depression, body image problems, and low self-esteem. It is difficult for an adolescent to form an adequate sense of identity when he or she feels poorly about who he or she is as an individual.

Several of the studies reviewed which included some adolescent subjects, found a link between anxiety and childhood sexual abuse. Briere and Runtz (1987) reported that the sexually abused clients complained of more anxiety attacks than the non-abused clients ($p < .001$). In another study by Briere and Runtz (1988) the sexually abused women reported higher levels of anxiety than the non-abused women ($p < .02$).

Similarly, a link was found between current levels of fear and childhood sexual abuse in four of the studies in which there were a number of adolescent subjects. The

Response to Childhood Incest Questionnaire (RCIQ) that was used by Edwards and Donaldson (1989) contained a fear and anxiety factor that was made up of six items pertaining to feeling frightened that one is "going crazy" and feeling frightened that one will be hurt sexually by someone. Survivors of incest reported more of those fears than their non-abused counterparts ($p < .05$).

Furthermore, Conte and Schuerman (1987) and Conte and Berliner (1988) defined fearful by such examples as afraid to be alone, clings to parents, afraid of the dark, and generalized fears, and found that sexually abused children and adolescents displayed these behaviors more than the non-abused subjects. It is likely to be difficult for an adolescent, struggling with anxieties and fears, to work on establishing an identity through trying out different roles.

Two of the studies that involved adolescent individuals found a descriptive link between anger and childhood sexual abuse (Edwards & Donaldson, 1989; Tong et al., 1987). Edwards and Donaldson (1989) reported that a childhood history of sexual abuse was strongly related to the anger and betrayal factor of the RCIQ that was made up of five items pertaining to feeling anger and blame toward one's mother, feeling angry that someone did not help sooner, and feeling like one could explode with anger

($p < .05$). Tong et al. (1987) reported from interviews with the non-offending parents that the sexually abused subjects were 20% more aggressive following the abuse than before the abuse.

It appears that the abused adolescent subjects displayed high rates of acting out in comparison to other age groups. Conte and Schuerman (1987) found that the abused subjects aged 4 to 17 years had greater difficulties with behavioral regression (e.g., has difficulty waiting his or her turn or clings to parents), and aggressive behavior (e.g., yelling , hitting, breaking things, or uncontrolled, unruly, defiant) than the non-abused subjects. Furthermore, they also reported a link between antisocial personality disorder and childhood sexual abuse. Conte and Berliner (1988) also found a correlation between aggressive behavior (e.g., yelling, hitting, breaking things) and sexual abuse (alpha = .84). Tong et al. (1987) stated that school teachers reported that 28% of the subjects continued to have behavior problems at the time of the study.

Overall, there are several studies that demonstrated an association of childhood and adolescent sexual abuse with anger and acting out behavior. Sexual abuse survivors have much to be angry about and may be consumed with pain and confusion which may be expressed through

acting out behavior. At times, adolescent survivors may go to extremes with their behavior such as breaking things and hitting in an attempt to outwardly express their inner rage. The angry feelings and acting out behavior may affect the adolescent survivor's ability to develop a stable role identity, which could likely lead to role diffusion difficulties.

Physiological reactions. Adolescents may search for their identity through experimenting with drugs and/or alcohol. It is likely that adolescents abused as children may turn to chemical substances to numb the pain and memories due to prior sexual abuse. Several studies supported this idea. Briere and Runtz (1987) found a correlation between a history of childhood sexual abuse and substance addiction. Burgess et al. (1987) found that sexual assault predicted a later onset of substance use disorders ($p < .001$). Sexually abused individuals in one group stated that they managed their flashbacks through drug use.

As a result of childhood and/or adolescent sexual abuse, some adolescents may attempt to self-medicate internal pain with drugs and/or alcohol. It is highly probable that an adolescent's psychological development is put on hold when blocking out emotions and avoiding decision making with substance abuse. The combination of

inner turmoil and substance abuse is likely to lead to identity diffusion, as opposed to identity development.

Several studies reported a significant relationship between childhood sexual abuse and somatization. Conte and Berliner (1988) found an alpha correlation of .52 between childhood sexual abuse and somatic complaints during adolescence. This included complaints such as can't fall asleep, or dizziness, or faintness. Furthermore, Briere and Runtz (1988) found that sexually abused adolescents and women reported higher levels of somatization than the non-abused individuals ($p < 0.01$).

Often, when an individual is unable to express emotional pain, the pain appears in a physical form via somatization. An adolescent who has not had an opportunity to learn to express painful feelings in a healthy manner is not likely to have learned the coping mechanisms that are building blocks in developing a sense of identity. For instance, a child who has not had enough opportunities to express self emotionally through trying out different roles is not likely to be able to personalize identity.

Conclusions. Overall, the studies that included adolescent subjects reported the following associations between childhood sexual abuse and adolescent development: poor sense of identity, sexuality problems, dissociation,

post-traumatic stress symptoms, depression, low self-esteem, substance abuse, somatization, anger, acting out behavior, and interpersonal relationship difficulties. Most of the descriptive links between childhood sexual abuse and later symptoms appear to fall on the role diffusion side of Erikson's stage 5. Therefore, it is likely that those individuals sexually abused sometime during stages 1 through 5, struggle with developing a sense of identity, and have a difficult time integrating the external and internal aspects of their lives. Thus, it is probably more common for abused adolescents than non-abused adolescents to experience a sense of instability and diffusion with regard to the sense of self. They thus may feel inadequate when it comes to making decisions about their relationships and future.

Intimacy Versus Isolation

Individuals struggle with the conflict of intimacy versus isolation during Erikson's sixth stage (Erikson, 1963). The main task of the young adult is to form a shared love relationship. Yet, there may be fears of giving up a sense of identity and independence. If an individual has great fears of intimacy, experiences of loneliness and isolation are likely to be greater. The 14 empirical studies that included individuals between the ages of 18 to 35 years will be discussed. Several of the

studies that were used in the stage 5 section will also be discussed in this section. In essence, the findings are the same for each stage, yet this section will interpret the findings with the conflict of intimacy versus isolation in mind. It is possible that the results could be interpreted within Erikson's theory, but the researchers, not having used that model, did not provide the distinctions within their data.

In addition to focusing on forming a shared love relationship, stage 6 appears to be a time of settling to the task of full participation in the community through study or work at a specified career and social intimacy with the opposite sex to select a marriage partner (Maier, 1976). The developmental theme involves a psychological readiness for and a commitment to mutual intimacy in a significant relationship. Furthermore, career efforts are also directed toward improving and working through patterns of cooperation with varying allowances for competition, friendships, and other associations. If these efforts are not satisfied in one or more intimate relationships, an individual will isolate and find less satisfying solutions such as conflictual love relationships (Maier, 1969).

Interpersonal relationships. It is likely that a vast number of sexually abused subjects struggle with

isolation more than non-abused subjects. There is support for this statement in Edwards and Donaldson's (1989) findings that sexually abused subjects tended to withdraw and isolate more than non-abused subjects ($p < .05$). Secondly, victims in Hunter's (1991) study also showed significant ($p < .05$) levels of emotional maladjustment in comparison to the non-abused individuals, including MMPI characteristics consistent with a history of conflictual relationships with family and authority figures, underlying resentments, anger and distrust of the same, and a sense of alienation from others. These results were also congruent with Briere and Runtz's (1988) findings that victims complained of interpersonal sensitivity more than non-victims ($p < .04$).

It is highly probable that the abused subjects' tendencies toward interpersonal sensitivity, anger and distrust, conflictual relationships, and isolation hold them back from a satisfying level of intimacy in relationships. Therefore, it is likely that sexual abuse survivors experience difficulties with intimate relationships, and struggle with issues of isolation and loneliness. The individual may then cope with these feelings of isolation and alienation by becoming more resentful, angry, mistrustful, interpersonally sensitive and withdrawn which only leads to further isolation.

Sexuality. Many sexual abuse survivors also struggle with conflictual feelings with regard to their sexuality. Some survivors may guard against their feelings of isolation by engaging in self serving sexual relationships on a purely physical basis. Sexual relations are seen as a way to gain power or sexual identity. Furthermore, sexual abuse survivors who were never able to gain a strong sense of their sexual identity may feel sexually powerless, and thus, have difficulties establishing appropriate sexual boundaries. This often leaves survivors in the victim role which sets them up for further violations.

Wyatt et al. (1992) examined a community sample of 248 African-American and White American women, aged 18 to 36 years. The effects on later sexual and psychological functioning were assessed through the use of structured interviews and the administration of the following measures: Wyatt Sex History Questionnaire, the Rosenberg Self-Esteem Scale, the General Well-being Scale, and the Mosher Sex Guilt Scales. Results reported that, compared to non-abused women, women who were sexually abused as children were 2.4 times more likely to be revictimized as adults ($p < .003$). Results also indicated that women who reported two or more abuse incidents in both childhood and adulthood were more likely to have unintended and aborted

pregnancies and to engage in masturbation, cunnilingus, fellatio, vaginal and anal sex, group sex, and partner swapping ($p < .05$) than women who reported one or no sexual abuse incidents. Additional research is needed to confirm these results due to the small sample of revictimized women and the limitations of retrospective data.

Childhood sexual abuse experiences may leave some individuals feeling that they are "damaged goods." Thus, they may avoid intimate relationships due to feelings of inferiority, which likely leads to withdrawal and isolation. Finkelhor (1984) compared 121 college students who were victims of childhood sexual abuse with 685 non-victims within the same population. The long-term correlates of childhood sexual abuse were measured by questionnaires that entire classes filled out. The results suggest that the sexually abused subjects had lower levels of sexual self-esteem ($p < .01$) than the other people in the study. The results also indicated that men victimized as boys by older men were more likely to be engaged in homosexual activity ($p < .01$) than non-abused men.

Intimate and satisfying sexual relationships entail a great deal of vulnerability and reciprocity. Some sexual abuse survivors are fearful of sexual rejection which may

interfere with their ability to express their sexuality in functional ways. The difficulty with or avoidance of such experiences may lead to deep feelings of isolation. Gorcey et al. (1986) compared 41 childhood sexually abused female volunteers (18 - 66 yrs.), to 56 women who had not been sexually abused. They found sexual relationships and functioning disrupted in 85% of the abuse sample. Depression, anxiety, and fear were assessed by the Beck Depression Inventory, the State-Trait Anxiety Inventory, the Fear Survey Interview, and a subjective interview. The authors reported that, compared to non-abused women, abused women were significantly more depressed ($p < .01$), anxious ($p < .01$), and fearful ($p < .01$).

Furthermore, Hunter (1991) indicated that child and adolescent sexual abuse survivors displayed more symptoms of sexual dysfunction compared to their non-abused counterparts ($p < .05$). Briere and Runtz (1987) found that prior victimization was associated with sexual problems ($p \leq .0001$). Furthermore, Burgess et al. (1987) suggested a link between childhood and adolescent sexual abuse and later confused feelings about sex ($p < .01$). Lastly, Gorcey et al. (1986) reported that 85% of the sexually abused subjects in their study reported problems in sexual relationships.

Overall, seven of the studies found a relationship between childhood sexual abuse and later difficulties with sexuality. It is likely that the difficulties with engaging in sexual intimacy reported by many sexually abused individuals put a strain on forming shared love relationships. Satisfying sexual intimacy involves vulnerability and reciprocity. When survivors enter the stage of intimacy versus isolation without acquiring a strong sense of sexual identity, it is difficult to establish a shared sense of sexual identity. Thus, survivors may become frustrated and discouraged so avoid satisfying sexual intimacy, which is likely to lead to a deeper sense of isolation and consequent self-absorption.

Psychiatric and emotional disorders. Many childhood sexual abuse survivors may have learned to cope with their painful experiences through somatization, dissociation, numbing, or escaping to another reality. Several of the studies have found relationships between childhood and adolescent sexual abuse and several psychiatric disorders: somatization disorder, dissociation, post-traumatic stress disorder, and psychosis. First, the sexually abused subjects in the Greenwald et al. (1990) study scored significantly higher than the non-abused group on the subscale of somatization ($p < .05$). Second, Briere and Runtz (1988) reported that the abused women reported

higher levels of somatization and dissociation than did the non-abused women ($p < .01$). Furthermore, Edwards and Donaldson (1989) found a relationship between women survivors of incest and PTSD characteristics such as intrusive thoughts, behaviors and emotions, concentration problems, detachment, and emotional control and numbness, when they were compared to non-abused subjects ($p < .05$).

Greenwald et al. (1990) found a significant difference for the abused and non-abused subjects with regard to psychoticism ($p < .05$), when parental caring was controlled for using covariate analysis. It is likely that when an individual is undergoing a psychotic episode, it is difficult to engage in an intimate relationship. Further research on the relationship between psychoticism and childhood sexual abuse is needed, since few studies have been published in this area.

Somatization, dissociation, post-traumatic stress, and psychotic disorders entail a great amount of self absorption, thus making it difficult for survivors to find the psychic energy to fully participate in a satisfying intimate relationship. Each of the above disorders is likely to impinge on the survivors' ability to develop intimate relationships. For instance, some survivors experience numbness and may dissociate when an attempt is made to get close to another person. This may be due to

their past trauma experiences which often involved betrayal by a significant person in childhood or adolescence. Therefore, survivors often tend to withdraw and avoid interpersonal relationships, which usually leads to further alienation.

Many survivors of childhood sexual abuse struggle with depression and feelings of hopelessness which add to the challenge of developing an intimate love relationship. Six studies that support the relationship between childhood sexual abuse and depression will be further discussed. First, Greenwald et al. (1990) matched 54 women nurses who had experienced childhood and/or adolescent sexual abuse with 54 women nurses who had not been abused. Long-term psychological and sexual functioning were assessed by the following measures: the Derogatis Sexual Functioning Inventory, a frequency of sexual dysfunctions inventory (designed for this study), the Brief Symptom Inventory, the Distress Scale, the Rosenberg Self-Esteem Scale, and the Parental Bonding Instrument. The results of the Brief Symptom Inventory showed that the abused group scored significantly higher than the non-abused group with regard to depression ($p < .03$).

Secondly, Burnam et al. (1988) found that the frequency of a major depressive disorder was significantly

higher among the sexually assaulted than the non-assaulted ($p < .001$). In the study, the lifetime diagnoses of nine major mental disorders were compared between those who reported that they had been sexually assaulted at some time in their lives ($n = 432$) and those who had not been assaulted ($n = 432$), in a cross-sectional probability survey of adults in two Los Angeles communities. The psychiatric disorders based on DSM-III (APA, 1980) criteria were measured by using the NIMH (National Institute of Mental Health) Diagnostic Interview Schedule.

In a third study, Fromuth and Burkhart (1989) assessed 582 college men from two different geographical locations: 253 from a midwestern university and 329 from a southeastern university. The results suggested that the midwestern sexually abused men reported a higher rate of depression and interpersonal sensitivity ($p < .05$) than both the southeastern sexually abused victims and the non-abused men. The average age of both samples was 20 years. At least one childhood sexually abusive experience was reported in 15% of the midwestern sample and 13% of the southeastern sample. The relationship between a history of childhood sexual abuse and later psychological and sexual adjustment were measured through the use of the Hopkins Symptom Checklist (SCL-90).

Wyatt and Newcomb (1990) found that the greater the severity and the closer the proximity of the abuse, the more immediate were negative responses, self-blame, and less disclosure ($p < .01$). The retrospective reports of 111 women aged 18 to 36 years, who had a history of childhood and adolescent sexual abuse were examined. The circumstances and coping strategies that mediated the immediate and lasting effects of those abusive experiences were measured by the Wyatt Sex History Questionnaire.

In the fifth study, Hunter (1991) compared 52 adult male and female subjects (28 women; 24 men) sexually abused in childhood, and a similar number of controls. Psychosocial functioning was assessed by the following measures: the MMPI, the Rosenberg Self-Esteem Scale, the Dyadic Adjustment Scale, and the Derogatis Sexual Functioning Inventory. Results indicated that child and adolescent sexual abuse victims displayed lower self-esteem and self-worth compared to their non-abused counterparts ($p < .05$). Lastly, the study by Briere and Runtz (1988) found that the sexually abused women reported more difficulties with depression than the non-abused women ($p \leq .04$).

The low self-esteem and depression that many survivors experience is likely to make it difficult to engage in a satisfying relationship. Psychological

readiness for a shared intimate relationship includes the ability and willingness to trust and to create a mutually satisfactory pattern for living. Depressed individuals often do not have the energy and self-confidence that is required for a committed intimate relationship, and thus encounter a developmental crisis of a sense of isolation.

Anxiety, fearfulness, and phobias are other possible effects of childhood and adolescent sexual abuse that may interfere with the abused adult's ability to form intimate and close relationships. According to Briere (1992), the conditioned aspects of adult abuse-related anxiety have to do with the fact that child abuse usually takes place in a close human relationship and is accompanied with intrusion, abandonment, devaluation, and/or pain. Therefore, the previously sexually abused adult may become anxious in the presence of intimate or close relationships, being especially fearful of intrusion and devaluation.

Greenwald et al. (1990) controlled for differences in subjects' perceptions of parental emotional support, and found that the sexually abused subjects appeared to be more anxious ($p < .005$) and phobic ($p < .001$) than the non-abused control group. Burnam et al. (1988) found that being sexually assaulted before the age of 15 was associated with an increased risk for the later onset of

phobias ($p < .001$). Four of the studies previously discussed in the identity versus role confusion section, which found that abused individuals had higher rates of anxiety and fear than their non-abused counterparts, also apply to young adulthood (Briere & Runtz, 1987; Burnam et al., 1988; Edwards & Donaldson, 1989; Gorcey et al., 1986).

Anxiety, fears, and phobias have the potential to impinge upon the development of mutually intimate relationships. When prior relationships have been associated with pain, intrusion, and trauma, it is understandable that the survivor might avoid intimate relationships. Unfortunately, the avoidance of relationships leads to further feelings of emptiness and isolation. Therefore, it is understandable that many childhood sexual abuse survivors tend to isolate and avoid intimacy: It is experienced as painful and anxiety provoking.

Substance abuse. Some survivors may attempt to cope with their painful memories by turning to alcohol or drugs to try to numb their feelings. Miller et al. (1987) compared a sample of 45 alcoholic women selected from Alcoholics Anonymous groups and local treatment agencies with a group of non-alcoholic women selected randomly from a household population. The effects of childhood and

adolescent sexual abuse on the development of alcoholism in women were assessed by the Michigan Alcoholism Screening Test, the Quantity-Frequency Index for alcohol consumption, and face to face interviews. The results showed that alcoholic women were more likely to have experienced sexual abuse ($p < .001$), to have had a greater number of different types of sexual abuse experiences ($p < .001$), and to have endured sexual abuse over a longer time period ($p < .001$).

Furthermore, Burnam et al. (1988) found that sexual assault predicted a later onset of substance use disorders ($p < .001$). Briere and Runtz (1987) also suggested that prior sexual victimization was associated with more frequent histories of substance addiction ($p < .0005$). Lastly, Burgess et al. (1988) reported a possible link between childhood and adolescent sexual abuse and later drug abuse ($p < .001$).

It is likely that a number of individuals abused during childhood and/or adolescence may have learned to numb the pain of their childhood experiences through excessive alcohol and/or drug use. This behavior is known for the tendency to isolate and alienate one from feeling a part of life and relationships. Thus, it is highly probable that these attempts to cope drive the young adult further into isolation as opposed to intimacy.

Conclusion. Overall, the studies that included young adult subjects reported the following associations between childhood sexual abuse and later development: interpersonal relationship dysfunctions, sexual conflicts, psychiatric disorders, emotional disorders, and substance abuse. A great many of the descriptive links between childhood sexual abuse and later symptoms appear to fall on the isolation side of the continuum with regard to Erikson's sixth stage. Therefore, it is likely that those individuals sexually abused sometime during stages 1 through 5 struggle with developing intimate relationships, especially with the opposite sex. Thus, it is probably more difficult for sexually abused individuals than their non-abused counterparts to establish a shared love relationship. It is likely that individuals who were sexually abused as children and adolescents struggle with tendencies toward isolation.

Generativity Versus Stagnation

Erikson's stage 7, generativity versus stagnation, coincides with the ages of 36 - 64 years. The primary task of middle adults is to produce something that they feel will outlive them. This may involve their role as parents or as workers. For instance, many parents and grandparents achieve a sense of generativity through loving and caring for their children and grandchildren.

Furthermore, some adults achieve a sense of generativity by being teachers or mentors to young people. The middle-aged adult who fails to achieve a sense of generativity is likely to become stagnated and wrapped up in his or her own concern. At the polar opposite of generativity there is self-absorption which tends to drain and estrange one from the community (Erikson, 1963).

Nine of the empirical research studies included individuals in the middle-aged adult range. Most of the studies in this section have been discussed in previous sections with the same results. However, the focus in this section is to interpret these findings within Erikson's seventh stage of generativity versus stagnation.

There appears to be an association between childhood sexual abuse and depression, suicide, and self-destructive behavior. First, there was a correlation between childhood sexual abuse and depression for middle-aged adults in four of the studies that have been discussed in previous sections (Briere & Runtz, 1988; Burnam et al., 1988; Gorcey et al., 1986; Greenwald et al., 1990). These studies found that subjects who had been sexually abused during childhood had higher rates of depression than non-abused subjects. Furthermore, Briere and Runtz (1987) found a relationship between childhood sexual abuse and at least one prior suicide attempt, and self-destructiveness.

It is possible that individuals who are dealing with issues such as depression, suicide, and self-destructive behavior would have a difficult time finding the resources within themselves to take on the challenge to accept the next generation as their responsibility. Therefore, they may struggle with issues of feeling stagnant in their families and communities.

Furthermore, adults who reported childhood and adolescent sexual abuse also appeared to have more difficulties than non-abused individuals with interpersonal relationships. It is likely to be more difficult for individuals who encounter interpersonal relationship problems to provide a new generation the trust and other developmental opportunities that are outlined in Erikson's theory. More specifically, Edwards and Donaldson (1989) reported that adult women survivors of childhood incest reported detachment, avoidance, intrusive emotions, intrusive thoughts, emotional over control, and numbness. All of these factors have the potential to negatively impact interpersonal relationships. Furthermore, Greenwald et al. (1990) reported that sexually abused individuals are more overly sensitive interpersonally than non-abused individuals. When the middle-aged adult is unable to be generative, he or she may turn to obsessive needs for pseudo-intimacy

through less fulfilling methods, such as the use of alcohol, drugs, and sexual promiscuity.

Some middle-aged adults who were sexually abused as children may attempt to soothe their emotional pain and feelings of stagnation with chemical substances. The self-absorption that usually goes along with the misuse of drugs and alcohol is likely to further distance one from involvement with one's family and community. Several studies found a positive link between childhood sexual abuse and substance abuse in middle-aged individuals (Briere & Runtz, 1987; Burnam et al., 1988; Miller et al., 1987).

Furthermore, Briere and Runtz (1987), Burnam et al. (1988), and Wyatt et al. (1992) found that individuals who had been sexually abused had a greater chance of being revictimized than non-abused individuals. It is highly probable that a survivor may be self-absorbed for a period of time while working through the trauma of being sexually victimized. Therefore, it is possible that individuals who are sexually revictimized in adulthood may tend to become wrapped up in their own pain and not contribute to the generativity of their community or family.

Some sexual abuse survivors may have anxiety and fears when relating to others since former close relationships have coincided with maltreatment and

intrusions. For instance, survivors may have reached out to others in the past and were violated as result. Thus, as middle-aged survivors, they may continue to be wary of reaching out to the next generation. Five of the empirical studies supported this relationship between anxiety or fears in middle adulthood and childhood sexual abuse (Briere & Runtz, 1988; Burnam et al., 1988; Edwards & Donaldson, 1989; Gorcey et al., 1986; Greenwald et al., 1990).

Several of the studies found a relationship between childhood sexual abuse and somatization (Briere & Runtz, 1988; Greenwald et al., 1990). It is highly probable that an individual who is consumed with physical pain will have limited energy to devote to helping in the development of the next generation which may lead to futher self-absorption.

There also appears to be a relationship between childhood sexual abuse and dissociation. Briere and Runtz (1988) found that sexual abuse victims scored higher than non-abused subjects with regard to chronic dissociation, $F(1, 222) = 4.872$, $p < .03$. Dissociation usually involves detachment and disengagement from fully integrated functioning. Survivors often dissociate to lessen the pain of traumatic childhood experiences such as sexual abuse. However, dissociation likely interferes with the

survivor's ability to be fully present in relationships. Thus, the middle-aged survivor may not be able to experience the rewarding and joyful feelings that accompany generativity.

Overall, it appears that there is a correlation between childhood sexual abuse and the following during the middle adult years: depression, interpersonal difficulties, alcohol and substance abuse, somatization, revictimization, dissociation, and anxiety and fearfulness. All of the above links are likely to impinge upon the middle-aged adult's ability to give of self due to the absorption that usually accompanies painful feelings and experiences. It is likely that adult survivors will have a difficult time finding the resources within themselves to take on the challenges of accepting the next generation as their responsibility, and assuring this new generation the identity formation outlined in the first five Eriksonian stages. Therefore, it is foreseeable that some adult survivors of childhood and adolescent sexual abuse may lean toward the stagnation side of the developmental continuum during Erikson's seventh stage.

Ego-Integrity Versus Despair

Erikson's eighth stage, ego-integrity versus despair, involves individuals over 64 years of age (Erikson, 1963).

The main task at this stage is to come to view one's life as meaningful in order to face death without worries and regrets. This may be hard for the adult who could never make a commitment in a relationship or who was self-absorbed at middle-age. However, only two of the empirical studies in this literature review included individuals in this age range (Burnam et al., 1988; Gorcey et al., 1986). This section will attempt to explore how childhood and adolescent sexual abuse might have an effect on one or more aspects related with integrity development. The two studies included in this section involved individuals older than 64 years of age. These studied identified relationships between childhood and adolescent sexual abuse and the following areas: depression, anxiety, fears, and substance abuse.

Both studies found a relationship between depression and childhood sexual abuse. For instance, Burnam et al. (1988) found that individuals who had been sexually assaulted were 2.4 times more likely to be depressed than non-assaulted individuals. Feelings of hopelessness and despair are some of the symptoms associated with depression. Therefore, it is highly likely that individuals who are depressed may look back at their lives in a negative manner. Furthermore, it is also possible that an older adult may look back on life with despair

when recalling the sexually abusive past. Depression involves not accepting the way one's life is or has been. Integrity involves an experience which conveys acceptance, and thus it is highly unlikely that a depressed individual feels full of integrity.

Additionally, older adults who struggle a great deal with anxieties and fear are likely to look upon their lives with feelings of dissatisfaction. Burnam et al. (1988) and Gorcey et al. (1986) also found a relationship between childhood sexual abuse and anxiety, fears, and phobias in older adults. Gorcey et al. (1986) stated that the sexually abused women reported higher levels of anxiety ($p < .01$) and fear ($p < .01$) than the women who had not been sexually abused. An important part of Erikson's eighth stage is to come to terms with one's impending death. The older survivor may feel despair that his or her time is too short to start another life and try out other roads to integrity. There may be deep regrets over the way one handled his or her earlier developmental tasks. Thus, the older adult survivor may have a difficult time letting go and may, therefore, experience high anxiety and fear with regard to death and dying.

Thirdly, Burnam et al. (1988) found a relationship between childhood and adolescent sexual abuse and later adulthood. They found that an older adult who relies on

drugs or alcohol may feel shame and deep feelings of emptiness due to the misuse of these substances. Thus, it is possible that these individuals may reflect on their lives with a sense of failure and despair as opposed to feelings of integrity.

An older adult is likely to gain a fuller perspective of the life cycle and develop a sense of integrity when he or she has given of the self to the next generations. Maier (1969) stated that, "a sense of integrity provides a successful solution to an opposing sense of despair and disgust of the many life styles, and of fear of death as the end to an unfulfilled life" (p. 72). Unfortunately, it is likely that childhood sexual abuse survivors who struggle with depression, anxiety, fearfulness, and substance abuse may lean toward the pole of despair with regard to looking back upon their life, and as they look forward to the end of an unfulfilled life.

Recommendations For Further Research

This review has attempted to explore the descriptive links between childhood and adolescent sexual abuse and adult development from an Eriksonian developmental lifespan perspective. Due to the fact that there is not any empirical literature that specifically involves an Eriksonian perspective, the differential links between

childhood sexual abuse and development have been hypothesized based on corresponding age groups.

Some of the problems in studying the developmental effects of childhood and adolescent sexual abuse on adolescence and adulthood have to do with the fact that the various degrees of abuse, the relationship of the perpetrator to the victim, the duration of the abuse, the age differentiations, and the differentiation between the genders and ethnicity are not adequately controlled for in the studies. Other methodological problems have to do with the fact that the sample sizes are often small, there is an emphasis on the clinical population, and several of the studies lack control groups.

Further problems with studying the developmental effects of childhood sexual abuse have to do with the procedures used. For instance, few longitudinal studies have followed children long enough to observe the effects of abuse 5, 10, 20 years after the sexual abuse incident(s) occurred. Therefore, the vast majority of research has relied on adult survivors' recollection of their own victimization as children (Wyatt & Newcomb, 1990). Furthermore, there are problems with the manner in which effects were measured in several of the studies. For instance, the length of time between abuse and possible effects was not measured in many cases. Lastly,

measures were selected that would not be affected in a direct and obvious manner by the experience of being sexually abused.

The hypothesized descriptive links between childhood sexual abuse and Erikson's stage 5, identity versus role confusion, tend to lean in the direction of the adolescent's struggle with role confusion. It appears that the adolescent survivor's struggles with sense of self, sexuality and social relationships, cognitive dysfunctions, emotional disorders, and physiological reactions add to the challenge of forming a firm identity.

Next, the descriptive links between childhood and adolescent sexual abuse and Erikson's sixth stage, intimacy versus isolation, were hypothesized as increasing the individual's tendencies toward isolation. It is likely that the young adult (19 - 35 years) survivors' tendencies toward interpersonal and sexual difficulties, psychiatric and emotional disorders, and substance abuse may interfere with the formation of intimate relationships.

It also appears that a relationship exists between childhood sexual abuse and middle adulthood (36 - 64 years) development in the areas of interpersonal difficulties, somatization, depression, anxiety and fearfulness, dissociation, sexual revictimization, and

substance abuse. Thus, it is hypothesized that adult survivors tend to be self-absorbed and struggle with generativity difficulties during Erikson's seventh stage which involves the task of generativity versus stagnation.

Lastly, the hypothesized descriptive links between childhood sexual abuse and Erikson's eighth stage, ego-integrity versus despair, indicate a high probability of leaning toward despair. It is likely that the experiences of depression, anxiety, fear, and substance abuse could lead to despair in later adulthood.

It appears that there is a great need for future research to take into account the various ages at which the sexual abuse occurred and the possible links that may attribute to different developmental stages. Erikson's eight stage developmental theory may be an appropriate framework within which to better understand the possible developmental effects of childhood sexual abuse. Furthermore, larger sample sizes with more control groups and an emphasis on non-clinical populations would allow the research findings to more accurately generalize to a greater population.

Another type of study which may prove informative is longitudinal. Future studies should also avoid the use of self-definitions of abuse due to the fact that such definitions allow for social and cultural biases in

selection of experiences to be examined. Thus, by avoiding the use of the subject's perception of the experience and its effect as the main criterion of the outcome, more comprehensive data might become available. It is important that the duration of the sexual abuse, the victim's relationship to the perpetrator, and the gender of the victims be examined.

Overall, research in the area of sexual abuse is relatively new. The researchers deserve credit for exploring a topic that is often difficult for the general population to discuss. Furthermore, since childhood and adolescent sexual abuse appear to have a tremendous impact on later development and functioning, it is important that further research is done in this area. Erikson's theory may be a model that could refine the questions for study as research continues.

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